



## **General Dental Practice Inspection (Announced)**

Newport Dental Care, Aneurin  
Bevan University Health Board

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**Healthcare Inspectorate Wales (HIW) is the independent inspectorate and regulator of healthcare in Wales**

## **Our purpose**

To check that people in Wales are receiving good care.

## **Our values**

- **Patient-centred:** we place patients, service users and public experience at the heart of what we do
- **Integrity:** we are open and honest in the way we operate
- **Independent:** we act and make objective judgements based on what we see
- **Collaborative:** we build effective partnerships internally and externally
- **Professional:** we act efficiently, effectively and proportionately in our approach.

## **Our priorities**

Through our work we aim to:

**Provide assurance:**

Provide an independent view on the quality of care.

**Promote improvement:**

Encourage improvement through reporting and sharing of good practice.

**Influence policy and standards:**

Use what we find to influence policy, standards and practice.

# 1. What we did

Healthcare Inspectorate Wales (HIW) completed an announced inspection of Newport Dental Care at 48 Malpas Road, Newport NP20 5PB, within Aneurin Bevan University Health Board on the 29 January 2018.

Our team, for the inspection comprised of a HIW inspector and a dental peer reviewer.

HIW explored how the service met the Health and Care Standards (2015), Private Dentistry (Wales) Regulations 2008 and the Private Dentistry (Wales) (Amendment) Regulations 2011 and other relevant legislation and guidance.

Further details about how we conduct dental inspections can be found in Section 5 and on our website.

## 2. Summary of our inspection

Overall, we found evidence that the staff at Newport Dental Care provided safe and effective care to its patients.

The practice was patient focussed and during the inspection we observed staff being friendly and professional towards patients.

We saw evidence of good leadership and the practice had the necessary policies and procedures in place to support both the practice and staff.

The practice needs to ensure that patient records are maintained in accordance with professional standards for record keeping

This is what we found the service did well:

- Staff interaction with patients was professional, kind and courteous
- Dental equipment was well maintained and regularly serviced
- Clinical facilities were well equipped and were visibly clean and tidy

This is what we recommend the service could improve:

- All clinical staff receive up to date training relevant to their role
- Remedy the signs of wear and tear in the clinical areas.
- Conduct a full health and safety risk assessment and fire risk assessment.

## 3. What we found

### **Background of the service**

Newport Dental Care provides services to patients in the Newport area. The practice forms part of dental services provided within the area served by Aneurin Bevan University Health Board.

The practice has a staff team which includes five dentists, one therapist, six dental nurses, one trainee dental nurse, two receptionists and one practice manager.

The practice provides a range of NHS and private general dental services.

## Quality of patient experience

*We spoke with patients, their relatives, representatives and/or advocates (where appropriate) to ensure that the patients' perspective is at the centre of our approach to inspection.*

We found the practice was committed to providing a positive experience for their patients. All the patients who completed the HIW questionnaire indicated that they were satisfied with the care and treatment they had received. Some remarked on friendliness and professionalism of the practice staff.

The practice had a complaints policy and a system for capturing formal complaints in place. They were advised to also develop a process for capturing verbal/informal concerns and feedback.

Prior to the inspection, we invited the practice to distribute HIW questionnaires to patients to obtain views on the dental services provided. A total of 20 questionnaires were completed. Patient comments included the following:

*"It couldn't be improved. The reception staff are always friendly and helpful and it is easy to book appointments. My dentist and nurse always make me feel comfortable and explain things thoroughly. They are also excellent when we bring my nieces to their appointments"*

*"The dental staff and general staff are friendly and pleasant, even those who do not treat me personally"*

*"Very helpful as very anxious of dentist for treatment and always made to feel comfortable"*

*"The practice is so friendly and always make you feel welcome"*

## Staying healthy

In the waiting area we saw a selection of health promotion information leaflets available. These included leaflets providing information regarding treatments, mouth cancer and preventative advice.

All patients that completed a questionnaire told us that the dental team had spoken to them about how to keep their mouth and teeth healthy.

## **Dignified care**

All the patients who completed a questionnaire told us that they had been treated with respect when they visited the practice.

During the inspection we observed staff being polite and courteous when speaking to patients, including children, and when speaking to patients on the telephone.

The practice has limited space and staff told us that if there was a need to have a private conversation or telephone conversation with a patient this could be conducted in a free surgery. If all were being used at the time staff would wait until one became free.

Patient medical records were electronic and data was backed up daily. We were told that archived paper records were stored securely in a locked cupboard.

## **Patient information**

All of the patients who completed a questionnaire told us that they felt as involved (as much as they wanted to be) in any decisions made about their treatment and that when they need treatment the dental team helps them to understand all available options.

The majority of patients who completed a questionnaire said that the cost of any treatment was made clear to them before they received any treatment. All but three of the patients told us that they understood how the cost of their treatment was calculated.

We saw price lists displaying NHS dental treatment and private dental treatment costs, together with supplemental information about the NHS Wales Low Income Scheme<sup>1</sup>.

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<sup>1</sup> <http://www.healthcosts.wales.nhs.uk/low-income-scheme>

With the exception of one dentist, the practising dentists' details and their respective opening hours were displayed at the entrance to the practice. We recommend the practice display the details of all the dentists.

### Improvement needed

The practice to display the names and qualifications of all resident dentists in an area where it can clearly be seen.

### Communicating effectively

All of the patients who completed a questionnaire, which included Welsh and non-Welsh speakers, told us that they were always able to speak to staff in their preferred language.

The practice has a website, which was in line with General Dental Council (GDC) ethical advertising guidance<sup>2</sup> but needed to be updated to include a price list relating to NHS dental care. This was rectified during the inspection.

### Timely care

The majority of the patients who completed a questionnaire said they would know how to access the out of hours dental services if they had an urgent dental problem. Details of how patients could access emergency dental care when the practice was closed were displayed both inside and outside of the practice. This information was also provided on the practice's answerphone message.

Staff told us that during its opening hours the practice made efforts to ensure patients were seen in a timely manner. If a dentist was running late staff would advise the patients waiting of any delay.

### Individual care

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<sup>2</sup> [https://www.gdc-uk.org/api/files/Guidance%20on%20advertising%20\(Sept%202013\).pdf](https://www.gdc-uk.org/api/files/Guidance%20on%20advertising%20(Sept%202013).pdf)

## Planning care to promote independence

A review of patient records showed that patients are asked about their medical history at the time of their visit. All of the patients who completed this section of the questionnaire confirmed that the dentist asked them about their medical history before undertaking any treatment.

## People's rights

We found access to the practice to be good. The waiting and reception areas were on the ground floor and the practice had a portable ramp which could be used to aid patients with mobility difficulties navigate the small step at the main entrance. Patients with mobility difficulties would receive treatment in the ground floor surgeries.

Signposted toilet facilities were available for patients use on the ground floor with hand rails providing support for patients that require it. The toilet was too small for wheelchair access.

## Listening and learning from feedback

Of the 20 patients who completed a questionnaire, 12 said they would know how to raise a concern or complaint about the services they receive at the dental practice.

The practice had a complaints policy in place that addressed both private and NHS dental treatment. The NHS policy reflected the NHS complaints process "Putting Things Right"<sup>3</sup> and the policy in respect of private dental treatment contained reference to HIW, the registration authority, meaning it was compliant with the Private Dentistry Regulations. The complaints policy was displayed in the waiting area. We advised the practice to obtain "Putting Things Right" information leaflets from the health board and display in the waiting area for patients.

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<sup>3</sup> "Putting Things Right" is the integrated process for the raising, investigation of and learning from concerns. Concerns are issues identified from patient safety incidents, complaints and, in respect of Welsh NHS bodies, claims about services provided by Responsible in Wales.

The practice had a process and system in place to record, monitor and respond to any formal complaints they received. They told us they did not record the verbal/informal concerns received. We advise the practice to put in place a system for capturing verbal/informal concerns, for example, maintaining a notebook in reception. Together with the information on formal complaints, this would enable the practice to identify any recurring themes.

The practice had a suggestion box and had undertaken a patient satisfaction survey in October 2017. We were told patients' comments and the survey analysis were fed back to staff during practice meetings.

## Delivery of safe and effective care

*We considered the extent to which services provide high quality, safe and reliable care centred on individual patients.*

Overall we found evidence that patients were provided with safe and effective dental care. We noted that clinical facilities were well equipped and were visibly clean and tidy, although there were some signs of wear and tear which needed addressing.

There were arrangements in place for the safe use of X-ray equipment and there was evidence of ongoing and regular maintenance.

The practice needs to ensure patient medical records are completed in keeping with professional standards for record keeping at each visit.

## Safe care

### Managing risk and promoting health and safety

Overall we found arrangements were in place to protect the safety and well being of staff working at, and people visiting the practice.

The building appeared to be well maintained. There were signs of wear and tear in the ground floor surgeries, which included the repair of the clinical waste bin in the rear surgery. We were told of the practice's intention to upgrade these surgeries.

There were no concerns expressed by the patients who completed a questionnaire, about the cleanliness of the practice. We observed all public access areas to be clean and uncluttered. However we found the reception office to be cluttered. The practice is considering plans to expand to include provision for an office and staff room. In the meantime the practice manager is situated in the reception area which meant the addition of a third desk. We noted trailing electrical wires on the floor that would have to be crossed by staff accessing the cupboard in which they store their outerwear. The kettle and internet router were on the floor and were a trip hazard. Risk assessments form an integral part of an occupational health and safety management plan. They

help to create awareness of hazards and risk and identify who may be at risk so that mitigating action can be taken. We saw evidence that the practice had undertaken a health and safety risk assessment previously but recommend a further and comprehensive risk assessment is conducted, taking into account the issues raised during the inspection.

We noted that regular testing of portable appliances (PAT) was undertaken to help ensure the safe use of small electrical appliances within the practice. We saw fire extinguishers were available at various locations around the building and we noted that servicing had been carried out within the last twelve months to ensure that the equipment worked properly. Directions for the emergency exit were visible.

We saw that contracts were in place for the safe transfer and disposal of hazardous (clinical), non-hazardous (household) and amalgam waste.

Under the Control of Substances Hazardous to Health Regulations 2002, employers need to either prevent or reduce staff exposure to substances that are hazardous to their health. We saw that the practice had a 'Control of Substances Hazardous to Health' (COSHH) controls checklist and relevant safety data sheets, providing information on substances that are 'dangerous for supply' and instructions for safe use in respect of other substances used within the practice. We noted that this was reviewed annually.

The practice had a Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) book which was completed when an accident occurred.

#### Improvement needed

The practice to address any signs of wear and tear in all clinical areas.

The practice to undertake a full health and safety assessment and fire risk assessment of both staff and public areas.

#### Infection prevention and control

The practice had dedicated and appropriate facilities for the cleaning and sterilisation (decontamination) of dental instruments as recommended by the Welsh Health Technical Memorandum (WHTM) 01-05<sup>4</sup>.

Pre-sterilisation cleaning and sterilisation was undertaken in accordance with WHTM and manufacturers' guidance. We advise the practice consider acquiring a washer disinfectant. We saw evidence that the log books for checking the sterilisation equipment were maintained and there was an infection control policy in place.

To improve the daily validation checks on the sterilisers we recommend the practice use a manual automatic control test rather than use indicator test strips for temperature, steam saturation and time.

We suggest that to improve the efficiency of the flow of instruments in the decontamination room the surgery consider reducing the number of sterilisers as this would provide space for the drying and post-sterilisation packing of the instruments. Also, to improve storage of the sterilised instruments away from the clinical areas we suggested the practice consider providing wall cupboards rather than the existing shelves. Finally, we suggested that by adopting a practice based protocol rather than an individual surgery based protocol for instrument sterilisation the overall flow, stock rotation and storage of the instruments could be improved.

Staff had access to and used personal protective equipment (PPE) when working in the decontamination areas. All clinical staff, with the exception of one dentist and two dental nurses, provided evidence of current infection control training

#### Improvement needed

The practice use a manual automatic control test rather than use indicator test strips for temperature, steam saturation and time.

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<sup>4</sup> The Welsh Health Technical Memorandum (WHTM 01-05) (Revision 1) document provides professionals with guidance on decontamination in primary care practices and community dental practices.

## Medicines management

The practice had procedures in place to deal with patient emergencies and, with the exception of one dental nurse and one receptionist; all staff had received training within the last 12 months, on how to deal with medical emergencies and how to perform cardiopulmonary resuscitation (CPR). Shortly after the inspection the practice confirmed that arrangements had been made for both staff members to attend training. The practice had an appointed first aider.

The staff held appropriate emergency drugs and emergency resuscitation equipment in accordance with Resuscitation Council (UK) guidance<sup>5</sup>. These were stored securely and could be accessed easily.

We noted that the practice had in place a system to check that emergency drugs and equipment were in date and ready for use.

We noted that prescription pads were kept securely. We recommend the practice report problems experienced with medicines or medical devices via the MHRA Yellow Card<sup>6</sup> scheme. We were told that the practice would take any unwanted or out of date controlled drugs to a nearby pharmacy for disposal.

### Improvement needed

The practice to report any adverse drug reactions to the MHRA through its Yellow Card Scheme.

## Safeguarding children and adults at risk

The practice had policies and procedures in place to promote and protect the welfare of children and vulnerable adults, containing the contact details for the

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<sup>5</sup> The Resuscitation Council (UK) exists to promote high-quality, scientific, resuscitation guidelines that are applicable to everybody, and to contribute to saving life through education, training, research and collaboration.

<sup>6</sup> <https://yellowcard.mhra.gov.uk/the-yellow-card-scheme/>

relevant safeguarding agencies. A number of staff had not completed training in the protection of vulnerable adults and protection of children.

There were arrangements in place for staff to raise any concerns, and staff told us they felt able to do this in the practice.

#### Improvement needed

All staff to undertake relevant training in the protection of vulnerable adults and protection of children.

### Medical devices, equipment and diagnostic systems

We saw that the surgeries were visibly clean and contained appropriate equipment for the safety of patients and the dental team.

The radiological equipment was in working order and controlled areas had been identified. We saw documentation to show that the X-ray machines were regularly serviced. We noted that the X-ray machines remained switched on when not in use or unattended and would advise the practice to ensure that all machines are switched off when not in use. The radiation protection file was maintained and contained all the essential information.

In accordance with the requirements of the General Dental Council<sup>7</sup> and Ionising Radiation (Medical Exposure) Regulations (IR(ME)R) 2000<sup>8</sup> all clinical staff had completed the required training.

### Effective care

#### Safe and clinically effective care

Patients benefit from a practice that seeks to continuously improve the services it provides. We saw evidence that the practice had undertaken audits with

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<sup>7</sup> General Dental Council - <http://www.gdc-uk.org/Pages/default.aspx>

<sup>8</sup> [http://www.legislation.gov.uk/uksi/2000/1059/pdfs/uksi\\_20001059\\_en.pdf](http://www.legislation.gov.uk/uksi/2000/1059/pdfs/uksi_20001059_en.pdf)

regard to patient satisfaction, water quality and an audit of radiographs in 2016. It also undertook an audit in accordance with WHTM 01-05. This guidance also advises that practices review their audit results at least annually, or when a decontamination issue arises, to ensure that good practice is maintained. We recommend the practice put in place a programme for undertaking a wide range of clinical audits, including image quality assurance, medical records and peer reviews, with the aim of identifying areas for improvement.

#### Improvement needed

We recommend the practice put in place a programme for undertaking a wide range of clinical audits.

#### Quality improvement, research and innovation

The dentists hold meetings for the purposes of peer reviews. We would advise that arrangements are made for the dental nurses to also meet separately.

The practice might wish to consider applying for the Deanery Maturity Matrix Dentistry practice development tool<sup>9</sup>. The Maturity Matrix (MMD) Tool is a dental practice team development tool to allow the team to focus on how they work.

#### Information governance and communications technology

The practice had a data protection policy in place to protect patients' data. The practice had mainly electronic files that were backed up off site daily. Any paper documents are scanned onto the patients' electronic record and then appropriately destroyed. Legacy records were stored securely in a locked cupboard.

Due to the additional desk in the reception area it was possible for patients, when standing at the reception desk, to see one of the computer screens. We would advise that all staff ensure that when not in use there is no patient information visible on the computer screens.

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<sup>9</sup> <https://dental.walesdeanery.org/improving-practice-quality/maturity-matrix-dentistry>

## Record keeping

We reviewed a sample of patient records. We found that in some cases whilst patient X-rays were being graded, clinical findings were not always being recorded. The practice also needed to establish frequency of X-rays. We also found that in some cases reasons for recall, in accordance with NICE guidance<sup>10</sup>, were not being recorded. We would recommend that the practice undertake a full clinical record audit.

### Improvement needed

In keeping with professional standards for record keeping, the practice should ensure that patient records are completed at each patient visit to record comprehensive information on examination, advice and treatment provided and relevant X-ray information.

In accordance with NICE guidelines, the practice is to record on patient records reasons for recall.

The practice to undertake a full clinical audit of its patient records.

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<sup>10</sup> <https://www.nice.org.uk/guidance/cg19>

## Quality of management and leadership

*We considered how services are managed and led and whether the workplace and organisational culture supports the provision of safe and effective care. We also considered how services review and monitor their own performance against the Health and Care Standards.*

During the inspection we found evidence of good leadership and lines of accountability. The practice manager was responsible for the day to day management of the practice.

There were good management procedures in place for the benefit of staff, including staff appraisals, induction programme and regular and minuted staff meetings that evidenced staff learning.

The practice had a comprehensive range of relevant policies and procedures in place

The practice needed to ensure that all clinical staff have completed all relevant training in accordance with their CPD requirements.

## Governance, leadership and accountability

Day to day management of Newport Dental Care is provided by the practice manager. We found the practice had good leadership with all staff understanding their roles and responsibilities

The practice was well organised and there was a range of policies and procedures in place to ensure the safety of both staff and patients. We noted one exception, the practice's health and safety policy did not fully comply with current legislation, namely the Manual Handling Regulations 1992, Personal Protective Equipment at Work Regulations 1992 and Management of Health and Safety at Work Regulations 1999. The policy contained no reference to manual handling operations, the use of personal protective equipment and provision and use of work equipment. We recommend the policy is updated in accordance with current guidance.

We saw evidence that the policies were reviewed annually by the practice manager. There was also provision for staff to evidence that they had read the policies.

We saw evidence that all clinical staff were registered with the General Dental Council and had appropriate indemnity insurance cover in place.

### Improvement needed

The practice to update its Health and Safety policy in accordance with current guidance.

## Staff and resources

### Workforce

Staff told us that they enjoyed working in the practice and we observed a strong rapport between all practice staff. We noted that all staff had employment contracts and we saw evidence on staff files that the practice had an induction programme in place. There was also a programme of staff appraisals for the dental nurses and non-clinical staff. We saw personal development plans for the dentists but we were told they do not have appraisals. Appraisals will allow for regular, planned discussion of numerous issues. These should then be recorded and signed as an agreed record of the appraisal, allowing for review points and assessment of progress. We would recommend that the dentists also receive regular appraisals.

We saw certificates that evidenced staff had attended training on a range of topics relevant to their roles. However we noted at the time of the inspection some staff did not hold current certificates in respect of protection of children, protection of vulnerable adults, radiation protection and infection control, therefore they were not meeting the Continuing Professional Development (CPD) requirements. At the time of drafting this report the practice confirmed that those members of staff had either completed or had been booked on appropriate training courses. We recommend the practice ensure all clinical staff meet their CPD requirements.

The practice holds regular staff meetings after which minutes are drawn up and circulated to all staff. The minutes demonstrated that the meetings provided an opportunity for staff to learn from each other, for example, fire drills and decontamination.

The Regulations for Private Dentistry require that all dentists providing private dental services in Wales have a Disclosure and Barring Service (DBS) Certificate issued within the previous three years. We saw evidence that DBS clearance checks had been carried out on three dentists. One dentist's certificate was out of date and we were told that an application had been submitted. We saw DBS certificates in respect of all bar two of the dental nurses and the non-clinical staff. We recommend that applications for DBS clearance checks are undertaken in respect of all clinical staff.

Clinical staff are required to be immunised against Hepatitis B<sup>11</sup> to protect patients and themselves against infection. The practice provided proof of immunity for all members of clinical staff, with the trainee dental nurse in the middle of a course of vaccinations.

#### Improvement needed

The practice to ensure that all staff have access to and complete all relevant training to enable them to meet their CPD requirements.

The practice to ensure that all clinical staff hold current DBS certificates

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<sup>11</sup> Welsh Health Circular (2007) 086

## 4. What next?

Where we have identified improvements and immediate concerns during our inspection which require the service to take action, these are detailed in the following ways within the appendices of this report (where these apply):

- Appendix A: Includes a summary of any concerns regarding patient safety which were escalated and resolved during the inspection
- Appendix B: Includes any immediate concerns regarding patient safety where we require the service to complete an immediate improvement plan telling us about the urgent actions they are taking
- Appendix C: Includes any other improvements identified during the inspection where we require the service to complete an improvement plan telling us about the actions they are taking to address these areas

The improvement plans should:

- Clearly state when and how the findings identified will be addressed, including timescales
- Ensure actions taken in response to the issues identified are specific, measureable, achievable, realistic and timed
- Include enough detail to provide HIW and the public with assurance that the findings identified will be sufficiently addressed.

As a result of the findings from this inspection the service should:

- Ensure that findings are not systemic across other areas within the wider organisation
- Provide HIW with updates where actions remain outstanding and/or in progress, to confirm when these have been addressed.

The improvement plan, once agreed, will be published on HIW's website.

## 5. How we inspect dental practices

Dental practice inspections are usually announced. Dental practices receive up to twelve weeks notice of an inspection. This is so that arrangements can be made to ensure that the practice is running as normal, and that the inspection causes as little disruption to patients as possible.

Feedback is made available to practice representatives at the end of the inspection, in a way which supports learning, development and improvement at both operational and strategic levels.

We check how dental practices are meeting the [Health and Care Standards 2015](#). Any dentist working at the practice who is registered with HIW to provide private dentistry will also be subject to the provisions of the [Private Dentistry \(Wales\) Regulations 2008](#) and the [Private Dentistry \(Wales\) \(Amendment\) Regulations 2011](#). Where appropriate we consider how the practice meets these regulations, as well as the [Ionising Radiations Regulations 1999](#), the [Ionising Radiation \(Medical Exposure\) Regulations 2000](#) and any other relevant professional standards and guidance such as the [General Dental Council Standards for the Dental Team](#).

These inspections capture a snapshot of the standards of care within dental practices.

Further detail about how HIW inspects [dental practices](#) and the [NHS](#) can be found on our website.

## Appendix A – Summary of concerns resolved during the inspection

The table below summaries the concerns identified and escalated during our inspection. Due to the impact/potential impact on patient care and treatment these concerns needed to be addressed straight away, during the inspection.

Immediate concerns identified	Impact/potential impact on patient care and treatment	How HIW escalated the concern	How the concern was resolved
No immediate concerns were identified on this inspection.			

## Appendix B – Immediate improvement plan

**Service:** Newport Dental Care

**Date of inspection:** 29 January 2018

The table below includes any immediate concerns about patient safety identified during the inspection where we require the service to complete an immediate improvement plan telling us about the urgent actions they are taking.

Immediate improvement needed	Standard	Service action	Responsible officer	Timescale
There were no immediate assurance issues raised in this inspection				

The following section must be completed by a representative of the service who has overall responsibility and accountability for ensuring the improvement plan is actioned.

### Service representative:

**Name (print):**

**Job role:**

**Date:**

## Appendix C – Improvement plan

**Service:** Newport Dental Care

**Date of inspection:** 29 January 2018

The table below includes any other improvements identified during the inspection where we require the service to complete an improvement plan telling us about the actions they are taking to address these areas.

Improvement needed	Standard	Service action	Responsible officer	Timescale
<b>Quality of the patient experience</b>				
The practice to display the names and qualifications of all resident dentists at the main entrance to the practice.	4.2 Patient Information	Names and qualifications of dentists are now displayed inside the practice.  One new name plate to be ordered for outside the practice.	Jo-Anne Ware (Practice Manager)  Jo-Anne Ware	Actioned  1 month
<b>Delivery of safe and effective care</b>				
The practice to address any signs of wear and tear in all clinical areas.	2.1 Managing risk and promoting health and safety	Surgery 3 bins – new catches	Deborah Gerrish (Practice Principle)	Actioned

Improvement needed	Standard	Service action	Responsible officer	Timescale
		<p>Gap in sealant in floor – surgery 2 ( Completed at time of inspection)</p> <p>Formulate a full renovation plan for clinical and non -clinical areas. Surgeries 1 and 3 to be upgraded</p> <p>Reception area and waiting room to be renovated.</p> <p>Practice has applied for planning to convert either the loft or have a garden office installed. These new areas to be developed as additional space for the practice. These areas to be used for Practice Managers office and staff room</p>	<p>Ben Payne (Practice Principal)</p> <p>Deborah Gerrish Ben Payne</p>	<p>Actioned</p> <p>3 Months</p>
<p>The practice to undertake a full health and safety assessment and fire risk assessment of both staff and public areas.</p>		<p>The practice to re visit health and safety policy and risk assessments. Involving all staff in risk assessment</p>	<p>Deborah Gerrish Ben Payne</p>	<p>1 month</p>

Improvement needed	Standard	Service action	Responsible officer	Timescale
		<p>process. New risk assessment forms have been adapted from forms forwarded to the practice by HIW.</p> <p>South Wales Fire Service contacted in relation to Fire Risk Assessment being carried out by a professional body. South wales fire service have forwarded the following to us....</p> <ul style="list-style-type: none"> <li>• A guide on how to choose a Fire Risk assessor.</li> <li>• Making your premises safe guide.</li> <li>• CLG guide for healthcare premises.</li> </ul>	<p>Jo-Anne Ware</p> <p>All staff of Newport Dental Care</p>	
<p>The practice use a manual automatic control test rather than use indicator test strips for temperature, steam saturation and time.</p>	<p>2.4 Infection Prevention and Control (IPC) and Decontamination</p>	<p>A new timing sheet has been devised by our decontamination lead.</p> <p>Stop watches ordered to time the cycle</p> <p>All Clinical staff using the decontamination room have been demonstrated the new test</p>	<p>Rachael Rafferty (Dental Nurse/ Decontamination Lead)</p>	<p>Actioned</p>

Improvement needed	Standard	Service action	Responsible officer	Timescale
The practice to report any adverse drug reactions to the MHRA through its Yellow Card Scheme.	2.6 Medicines Management	All staff reminded how to report adverse drug reactions.  Yellow cards are located in the back of the BNF. Each surgery has copy of BNF	Jo-Anne Ware	Actioned
All staff to undertake relevant training in the protection of vulnerable adults and protection of children.	2.7 Safeguarding children and adults at risk	All staff have now undertaken POVA training, and are up to date with Child protection	Jo-Anne Ware	Actioned
We recommend the practice put in place a programme for undertaking a wide range of clinical audits.	3.1 Safe and Clinically Effective care	The practice to re visit Maturity Matrix which has previously been carried out in 2015 with 'Wales Deanery'  Audits to be carried out <ul style="list-style-type: none"> <li>• Radiographs</li> <li>• Record Keeping</li> <li>• Pt satisfaction</li> <li>• HTM01-05 Cross Infection Audit</li> <li>• Decontamination Audit</li> <li>• Hand Washing Audit</li> </ul>	Jo-Anne Ware All Staff  Ben Payne All clinical Staff All Staff Rachael Rafferty Decon lead  Rachel Rafferty	Within 2 months  Completed March 2018 Yrly Due Oct 2018 6monthly

Improvement needed	Standard	Service action	Responsible officer	Timescale
In keeping with professional standards for record keeping, the practice should ensure that patient records are completed at each patient visit to record comprehensive information on examination, advice and treatment provided and relevant X-ray information.	3.5 Record keeping	All dentists aware. Clinical notes updated immediately after inspection The record keeping audit to be carried out will help further identify any areas of improvement	Ben Payne	Actioned
In accordance with NICE guidelines, the practice is to record on patient records reasons for recall		All dentists aware, and reason for recall now documented in patient notes.	Ben Payne	Actioned
The practice to undertake a full clinical audit of its patient records.		Record keeping audit to be carried out. This will help identify any areas of improvement	Ben Payne	Within 2 months
<b>Quality of management and leadership</b>				
The practice to update its Health and Safety policy in accordance with current guidance.	Governance, Leadership and Accountability	The practice to devise new health and safety policy and risk assessments, Involving all staff in risk assessment process. New risk assessment forms have been adapted from forms	Deborah Gerrish Ben Payne Jo-Anne Ware All staff of	1 month

Improvement needed	Standard	Service action	Responsible officer	Timescale
		forwarded to the practice by HIW.	Newport Dental Care	
The practice to ensure that all staff have access to and complete all relevant training to enable them to meet their CPD requirements.	7.1 Workforce	<p>All staff are registered with 'Wales Deanery'</p> <p>Time off allocated to allow staff to attend courses when not carried out in house.</p> <p>In house training is also carried out at the practice. This is provided by 'Wales Deanery'</p> <p>Many staff use Isopharm to carry out their CPD requirements</p>	Jo-Anne Ware	Actioned
The practice to ensure that all clinical staff hold current DBS certificates		All staff now have DBS certificates	Jo-Anne Ware	Actioned

The following section must be completed by a representative of the service who has overall responsibility and accountability for ensuring the improvement plan is actioned.

**Service representative**

**Name (print): Ben Payne**

**Job role: Practice Principal**

**Date: 12 March 2018**